

## **CERTIFICATE OF REHABILITATION APPLICATION**

### **PROPERTY TAX ASSESSMENT FREEZE PROGRAM**

Illinois Historic Preservation Agency  
#1 Old State Capitol Plaza  
Springfield, Illinois 62701-1507  
217/785-5042

The Illinois Revenue Act (35 ILCS 200/10-40) provides for an eight-year freeze on the assessed valuation of owner-occupied residences that have been designated as historic buildings. To qualify for this assessment freeze, property owners must apply to the Director, Illinois Historic Preservation Agency, for a Certificate of Rehabilitation. This Certificate will be issued by the Director upon the renovation, restoration, preservation, or rehabilitation of a historic building, provided that the rehabilitation meets certain conditions established by the Act. These conditions, and an explanation of how you as a homeowner can meet these conditions, are outlined below.

The Director shall approve an application for a Certificate of Rehabilitation when he finds that the restoration, preservation, or rehabilitation:

1. INVOLVES A HISTORIC BUILDING--Properties individually listed on the National Register or Illinois Register of Historic Places, or designated a landmark by an approved local ordinance, are considered to be historic buildings. Properties within designated historic districts can be certified as historic buildings by completing Part I of the Certificate of Rehabilitation Application (CRA). If you are uncertain whether your home has been designated a historic building, contact your local landmark commission or the Illinois Historic Preservation Agency.
2. THE COST OF THE REHABILITATION EQUALS, OR IS GREATER THAN, 25% OF THE BASE YEAR VALUATION--The base year valuation is defined as the fair cash value (market value) of the property as determined by the local assessment officer, in the year that rehabilitation commenced. Upon completion of your rehabilitation project, you will submit documentation of your expenditures along with the assessment information and project costs requested in Part III of the CRA. This information enables the Director to determine that you have met the 25% figure. See the enclosed "Questions and Answers..." for an explanation of what constitutes eligible expenditures.
3. THE REHABILITATION WAS DONE IN ACCORDANCE WITH THE "STANDARDS FOR REHABILITATION"--A copy of these standards, the *Secretary of the Interior's Standards for Rehabilitation*, is enclosed. By completing Part II of the CRA, you will enable the Director to determine whether your rehabilitation meets the "Standards."
4. THE REHABILITATION WAS A SUBSTANTIAL REHABILITATION--A substantial rehabilitation is defined as "interior or exterior rehabilitation work that preserves the historic building in a manner that significantly improves its condition." By completing Parts II and III of the CRA, you will enable the Director to determine whether your project is a substantial rehabilitation.
5. NO CERTIFICATE OF REHABILITATION HAS BEEN APPROVED FOR THE SAME HISTORIC BUILDING WITHIN 4 YEARS OF THE ADJUSTMENT VALUATION PERIOD--At the end of the eight-year assessment freeze, there is a four-year graduated increase in the valuation to an amount based upon current market value. This four-year period is known as the adjustment valuation period. Therefore, this stipulation allows a historic building to receive a Certificate of Rehabilitation only once every 16 years. Your signature on Part III of the CRA will be your assurance that this requirement is met.

## CERTIFICATE OF REHABILITATION APPLICATION

### **PART I:     *Historic Building Certification for Properties Within Historic Districts***

Property address/city: \_\_\_\_\_

**INSTRUCTIONS:** This form is to be completed for properties within designated historic districts. Individually designated properties are considered to be historic buildings for the purposes of this program and need not complete this form. To determine the status of your property, or the name of the historic district, contact the Illinois Historic Preservation Agency or your local landmarks commission.

\_\_\_\_\_  
owner's name

\_\_\_\_\_  
address

\_\_\_\_\_  
name of historic district

\_\_\_\_\_  
city/zip

#### **Statement of Significance:**

In the space below, provide a brief statement that describes how your home contributes to the significance of the historic district. Compare it to other properties in the neighborhood in terms of age, architectural style, building materials, and/or setting. Note: if the property has special significance to the district (examples: association with significant historical figures, a notable example of an architectural style, site of a significant historical event). Please provide, if known, the actual construction date, architect/builder, and original owner. If unknown, please give an approximate date of construction.

Attach recent photographs showing exterior views of the property. Photos may be black and white or color. On the back of each photo, write the property's address and provide a brief description of what is shown.

I hereby attest that the information I have provided is to the best of my knowledge correct and that I am the owner/occupant of the residence described above.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

# CERTIFICATE OF REHABILITATION APPLICATION

## PART II: *Description of Rehabilitation Project*

Property address/city: \_\_\_\_\_

Provide the name, mailing address and daytime phone number of the owner. All application forms must be signed by the owner and dated.

\_\_\_\_\_  
name daytime phone

\_\_\_\_\_  
address city/zip

Provide the name, mailing address and daytime phone number of the project architect (if applicable)

\_\_\_\_\_  
name daytime phone

\_\_\_\_\_  
address city/zip

**INSTRUCTIONS:** Please provide a description of your rehabilitation project. You may use the numbered boxes provided with this form, or use a similar format on attached sheets. Include photographs (black & white or color) that document the pre-rehabilitation conditions of the property. Include a description on the back of each photo (example: Photo #7, view of entry foyer main staircase, pre-rehabilitation). Architectural plans for the rehabilitation project should also be submitted, if available.

All phases of your rehabilitation project should be described: exterior and interior work, site work, and new construction. A separate box may be used to describe rehabilitation work and its effect on a specific architectural feature or on a more general element of space (examples: staircase, roofing, windows, front parlor). Please give an assessment of whether the feature is original to the house or a later addition. Give an approximate date of the feature (example: entry foyer main staircase, original feature, c. 1894; kitchen cabinets, later addition, c. 1968). In the appropriate box, explain the rehabilitation work to be undertaken on the particular feature and key it to photographs showing the feature (example: entry foyer main staircase, paint to be stripped using heat gun and woodwork to be refinished, missing spindles to be replaced with duplicate spindles; photo #7). Complete as many boxes as are necessary to fully describe the rehabilitation project.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**PART II: Description of Rehabilitation Project -- Continuation Sheet No. \_\_\_\_**

<p>NUMBER ____</p> <p>Architectural feature: _____</p> <p>Approximate date of feature: _____</p> <p>Describe existing feature</p>	<p>Describe work and impact on existing features</p>
<p>Photo No. ____ Drawing No. ____</p> <p>NUMBER ____</p> <p>Architectural feature: _____</p> <p>Approximate date of feature: _____</p> <p>Describe existing feature</p>	<p>Describe work and impact on existing features</p>
<p>Photo No. ____ Drawing No. ____</p> <p>NUMBER ____</p> <p>Architectural feature: _____</p> <p>Approximate date of feature: _____</p> <p>Describe existing feature</p>	<p>Describe work and impact on existing features</p>
<p>Photo No. ____ Drawing No. ____</p> <p>NUMBER ____</p> <p>Architectural feature: _____</p> <p>Approximate date of feature: _____</p> <p>Describe existing feature</p>	<p>Describe work and impact on existing features</p>

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<p>Photo No. ____ Drawing No. ____</p> <p>NUMBER ____</p> <p>Architectural feature: _____</p> <p>Approximate date of feature: _____</p> <p>Describe existing feature</p>	<p>Describe work and impact on existing features</p>
<p>Photo No. ____ Drawing No. ____</p> <p>NUMBER ____</p> <p>Architectural feature: _____</p> <p>Approximate date of feature: _____</p> <p>Describe existing feature</p>	<p>Describe work and impact on existing features</p>
<p>Photo No. ____ Drawing No. ____</p> <p>NUMBER ____</p> <p>Architectural feature: _____</p> <p>Approximate date of feature: _____</p> <p>Describe existing feature</p>	<p>Describe work and impact on existing features</p>

## CERTIFICATE OF REHABILITATION APPLICATION

### **PART III:    *Request for approval of completed work.***

\_\_\_\_\_

property address city

Provide the name, mailing address and daytime phone number of the owner. All application forms must be signed by the owner and dated.

\_\_\_\_\_

name phone

\_\_\_\_\_

address city/zip

Provide the following information. Items A, B & C are available from your assessor or may be found on a current tax bill.

- A. Property Index Number or Legal Description \_\_\_\_\_
- B. Fair Cash Value for the year the rehabilitation work began ..... \_\_\_\_\_
- C. Assessed Evaluation for the year work began ..... \_\_\_\_\_
- D. Date the rehabilitation project began ..... \_\_\_\_\_
- E. Date the rehabilitation project ended ..... \_\_\_\_\_
- F. Cost of rehabilitation project ..... \_\_\_\_\_

Please attach a copy of your tax bill for the year the rehabilitation work began. This form must also be accompanied by representative photographs of the completed work, and documentation (copies of canceled checks, paid invoices, etc.) to substantiate the costs of your rehabilitation project as listed under item "F" above.

I hereby apply for a Certificate of Rehabilitation for the purposes of the Revenue Act of 1939, as amended. I hereby attest that the information that I have provided is, to the best of my knowledge, correct; that I am the owner occupant of the residence described above; and that no Certificate of Rehabilitation has been issued for this same building within four years of the adjustment valuation period.

\_\_\_\_\_

signature date